

ERTIFICATE OF LIABILITY INSURANCE

KDREIER DATE (MM/DD/YYYY)

FORELAK-01

-		CERTIFICATE OF LIABILITY INSURANCE							GE	1/15/2020			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICAT CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED E BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										BY TH	E POLICIES		
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
PRODUCER CONTACT Mandy Pruitt													
Dexter & Company of Central Texas, Inc. 4030 Highway 6 S. Ste. 310								PHONE (A/C, No, Ext): (979) 764-8444 FAX (A/C, No): (979) 694-7603					
40. Co	llege	Station, TX 77845	5				E-MAIL ADDRESS: mpruitt@dextercompany.com						
							INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A : Western World Insurance Company					13196	
INS	URED						INSURER B :						
			s Property Own	ers A	ssn.		INSURER C :						
P.O. Box 9294 College Station, TX 77842								INSURER D :					
							INSURER E :						
							INSURE	RF:					
		AGES				ENUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
INSI LTF	र १	TYPE OF INSU	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
Α	X	COMMERCIAL GENER	RAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE	X OCCUR			NPP8562649		11/24/2019	11/24/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
										MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
		I'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$ \$	Included	
	AUT									COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO								BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
										, ,	\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTI	ON \$								\$		
		KERS COMPENSATION	Y							PER OTH- STATUTE ER			
		PROPRIETOR/PARTNEI		N/A						E.L. EACH ACCIDENT	\$		
										E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$			
A Directors & Officers NPP8562649						11/24/2019	11/24/2020	Each Occurrence		1,000,000			
The	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The General Liability policy contains a broadening endorsement, providing Additional Insured status to each individual townhouse owner, but only with respect to liability as a member of the townhouse association.												

CERTIFICATE HOLDER	CANCELLATION
Certificate of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

© 1988-2015 ACORD CORPORATION. All rights reserved.